



CHARLOTTE COUNTY ACTIVE MILITARY COMBAT DUTY GRANT (AMCDG) PROGRAM APPLICATION

Name: _____

Address: _____

Phone #: _____

Parcel Identification Number: _____

Branch of Military Service (circle one):

Air Force
Marine Corps
Navy Reserve

Army
Air Force Reserve
Marine Corps Reserve

Coast Guard
Army Reserve

Navy
National Guard

Designated Combat Zone _____

Dates of Service: Month/Day/Year ____/____/____ Through M/D/Y ____/____/____

This application must be accompanied by:

1. A certified copy of Combat Duty Orders and proof of combat service, i.e., copy of paid travel pay vouchers with attached orders, or a letter from respective unit commander or personnel office stating the active duty period or any other legal proof.
2. A copy of the paid tax bill for the calendar year or years of combat duty referenced above for AMCDG along with proof of homestead exemption.
3. A copy of the legal document authorizing a specified agent on behalf of the service member, if applicable.

PENALTY FOR VIOLATION OF AMCDG PROGRAM

If an applicant under this Ordinance, who has been awarded a grant, is found to have made any willfully false and material statement in the application for the grant, then the applicant shall be permanently disqualified from receiving any such grant in the future, and shall be subject to the penalties provided by law for violation of county ordinances, in addition to repayment of any grant wrongfully received.

SUBMIT APPLICATION IN PERSON TO:

**Charlotte County Veteran Services
1050 Loveland Blvd
Port Charlotte, Florida 33980**

Questions may be directed to: **Veteran Service Officers @ (941) 764-5579**

I have read and understand the penalty for violation of AMCDG program.

I also certify that the statements on this application are true and correct to the best of my knowledge and belief.

(Print name)

(Signature)

(Date)

**STATE OF FLORIDA
COUNTY OF CHARLOTTE**

The foregoing instrument was acknowledged before me this ____ day of _____.
20____, by _____, who is personally known to
me or has produced _____ as identification, and
did take an oath.

(Print name) **NOTARY PUBLIC**
My Commission Expires:

The Homestead Exempted Property mentioned in this application has qualified for AMCDG pursuant to Charlotte County Ordinance Number 07-019 which was duly passed on April 24, 2007.

Your qualifying grant will be in the amount of \$_____.

A check shall be remitted to the applicant by

AMCDG Designated Official